

v 4128 Hubertus Rd. Hubertus, WI 53033 Phone: (262) 628-2260 Fax: (262) 628-2984 Email: inspector@richfieldwi.gov VILLAGE OF RICHFIELD BUILDING PERMIT

PERMIT NO.	
TAX KEY#	

Includes: Hubertus & Colgate

Project Address:						
roject Owner's Name: Project Owner's Phone No.:						
Project Description:						
Project Owner's Addres	ss (if differe	nt from above)	:			
Contractor's Name:						
Contractor's Address, (City & Zip: _					
Contractor's Phone No.: Contractor's License Nos.:						
Signature of applicant:					Date:	
creates no legal liability, exp	oress or implied	d of the Departmer	nt or Inspector; and c	certifies that the abo	nds that the issuance of the permit ve information is accurate. Have east 24 hours notice on all inspections.	
Plumbing Contractor Name & Phone Number:						
Electrical Contractor Nar	me & Phone	Number:				
HVAC Contractor Name	& Phone Nu	mber:				
Area Involved:		CONDITIONS OF APPROVAL				
Basement	_ Sq. Ft.					
Living Area	_ Sq. Ft.					
Garage	_ Sq. Ft.					
Other	_ Sq. Ft.		ECEIPT Rec. By		TED COST OF CONSTRUCTION	
Total	_		\$	\$		
PERMIT FEES		PERMIT ISSUED BY MUNICIPAL AGENT:				
Plan Review		Namo				
Other		Name				
Permit		Date:				
TOTAL		Certification No.:				